



PURAL
WATER SPECIALTY CO., INC.
C 19053

Commercial Properties
1962 B Wells St.
Wailuku, HI 96793

7/31/2016

Attn: Debbie Anthony

**SUBJECT: MONTHLY WATER SYSTEM REPORT WEST KUIAHA
MEADOWS WATER SYSTEM**

Dear Debbie,

We are submitting to you a monthly Operations & Maintenance Status report for the period ending July 31, 2016.

Water Quality:
Satisfactory

Sampling Conducted:
Monthly Bacti tests and Well Chlorides readings.
- Took Lead and Copper samples for DOH.

Discrepancies:
Hard bound log book was not provided by previous water system operator. Well and tank area showed evidence of deterioration due to lack of maintenance. Revamp work will be ongoing.

Maintenance:
Daily, monthly services conducted.
- Began pressure washing water tank and piping at well site (work is a no charge item from Pural). Work will continue once Pural pressure washing equipment is repaired.

Corrective Maintenance:
- Providing minor maintenance in well and tank area. Pural provided proposal for major maintenance and revamp work.

Notes/Remarks:
- 7/30/16 Trouble call out. Service lateral for lots 2 & 4 was accidentally damaged. Scheduled for repair.

Pural start of contract was on 2/1/2016.

Updated and transmitted pumping reports to DLNR. Providing monthly flowmeter readings to Commercial Properties.

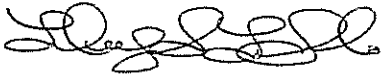
*Pural recommends that all lots install a backflow device for each of the domestic and irrigation connection and should be tested yearly to protect water system from possible contamination resulting from:

Backpressure – A pressure that can cause water to backflow back into the source water supply when the user's water system is at a higher pressure than the water system's pressure.

Backflow – A reverse flow condition, created by a difference in water pressures, which causes water to flow back into the distribution pipes of the potable water supply from any source other than the intended source.

Should you have any questions, please call me or Efren Ugalino at 242-7299.

Sincerely,



for Eric Okazaki
Vice President, Operations

MAUI WATER SYSTEMS CHECKLIST

WATER SYSTEM: West Kiiaha DATE: 7/5/16

WEEKLY SYSTEM CHECK WK-1 WK-2 WK-3 WK-4 OPERATOR: Denson A.

1. Provide site check and monitoring. Visual inspection to include, but not limited to:

- A. Well head above ground piping and components.
- B. Electrical components of the water system.
- C. Potable transmission and distribution waterlines
- D. Non-Potable transmission and distribution waterlines.
- E. Buildings related to water system.
- F. Chlorinator.
- G. Water reservoirs or storage tanks.
- H. Pumping systems.
- I. Non Potable/irrigation meter readings.

2. Maintaining chlorinating system according to State Department of Health and manufacturers recommended practices. Distribution monitoring will be done to include but not limited to:

- A. Testing of chlorine residual at potable tank and within distribution system. Log readings.
- B. Adjust chlorine feeder as needed.
- C. Check Sodium Hypochlorite levels in storage tanks, replenish as needed.
- D. Check condition and operational status of chlorination equipment, clean chlorine lines, valves and fittings as required.

3. Well pumping systems, the following will be done:

- A. Read well out flow meter and log.
- B. Check well pump operational status.
- C. Check pressure readings and log.
- D. Note and log reservoir/storage tank levels.

4. GAC Systems (Where applicable)

- A. Check operational status.
- B. Check back washing cycle.
- C. Inspect GAC system for leaks.
- D. Note and log pressures, settings and flows.

5. Back Up Generator/ Fire Pump (Where applicable)

- A. Check fuel and oil levels, report low fuel levels to client.
- B. Record generator readings in system log.
- C. Check Operational Status.

6. Initiate and log work done in a bound journal and maintained on site. Logging shall detail the maintenance task that was done.

7. Provide general housekeeping to tanks, tank sites, well sites, and buildings related to the water system.

MONTHLY

1. Provide monthly bacteriological sampling and test results, repeat as needed.

2. Provide well flows and parameters to include but not limited to: Chlorides, Turbidity, PH, Conductivity, Salinity, and Temperature.

3. Residential and irrigation meter readings (Where applicable)

4. Visual inspection of distribution system air release valves (ARV) and pressure regulating valves (PRV) located in manholes and vaults in or along roadway.

REMARKS: _____

SUPERVISOR REVIEW: _____

DATE: _____

MAUI WATER SYSTEMS CHECKLIST

WATER SYSTEM: West Keiaha DATE: 7/13/16

WEEKLY SYSTEM CHECK WK-1 WK-2 WK-3 WK-4 OPERATOR: DANIEL AGUIAR

1. Provide site check and monitoring. Visual inspection to include, but not limited to:

- A. Well head above ground piping and components.
- B. Electrical components of the water system.
- C. Potable transmission and distribution waterlines
- D. Non-Potable transmission and distribution waterlines.
- E. Buildings related to water system.
- F. Chlorinator.
- G. Water reservoirs or storage tanks.
- H. Pumping systems.
- I. Non Potable/irrigation meter readings.

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REMARKS: Monthly parameter reads, head and copper sample bottle drop off

SUPERVISOR REVIEW: _____

DATE: _____

MAUI WATER SYSTEMS CHECKLIST

WATER SYSTEM: West Kula DATE: 7/29/16

WEEKLY SYSTEM CHECK WK-1 WK-2 WK-3 WK-4 OPERATOR: DOMM A.

1. Provide site check and monitoring. Visual inspection to include, but not limited to:

- A. Well head above ground piping and components.
- B. Electrical components of the water system.
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- D. Non-Potable transmission and distribution waterlines.
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REMARKS: _____

SUPERVISOR REVIEW: _____

DATE: _____

MAUI WATER SYSTEMS CHECKLIST

WATER SYSTEM: West Kuiaha DATE: 7/25/16

WEEKLY SYSTEM CHECK WK-1 WK-2 WK-3 WK-4 OPERATOR: DANSON A.

1. Provide site check and monitoring. Visual inspection to include, but not limited to:

- A. Well head above ground piping and components.
- B. Electrical components of the water system.
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REMARKS: _____

SUPERVISOR REVIEW: _____

DATE: _____

Sample Collection & Reservation System

Welcome Maleeyah Machado Edit Logout

Navigate To

Sample Detail

Initiated

Awaiting Analysis

Analysis Complete

Water System:

HI0000252 - WEST KUIAHA MEADOWS

Facility:

DS252 - WEST KUIAHA MEADOWS DISTRIBUTION SYSTEM

Sampling Point:

TC002 - R-STANDPIPE #4 (UTC003,DTC004)

SCRS #:

252-TC002-1607-001

COC #:

252-1607-002

Monitoring:

Total Coliform Bacteria: 1 Routine every 1 Month

Sampler Name:

Danson Aquino

Sample Type:

Routine

Scheduled Sample Date:

7/19/2016

Sample Date/Time:

7/19/2016 8:30 AM

Collection Remarks:

#253

Lab Received Date/Time:

7/19/2016 10:06 AM

Lab Comments:

Cl Reading:

0.76 (mg/L) Free

Sample Results:

Test Type : Colisure

Lab Results Completed Date : 7/20/2016

Lab Comments :

Contaminant	Result
Total Coliforms	Negative
E. coli	Negative



State of Hawaii
COMMISSION ON WATER RESOURCE MANAGEMENT
 Department of Land and Natural Resources
MONTHLY GROUND WATER USE REPORT

For Official Use Only:

Name: West Kujaha Meadows
 Company: c/o Commercial Properties (Ms. Mary Jane Kramer)
 Address: 1962 B Wells Street
Wailuku, Maui, HI 96793
 Telephone No.: (808) 243-8600 Email: _____
 Report Month: July Year: 2016

INSTRUCTIONS: Please TYPE OR PRINT CLEARLY. Complete this form to report total monthly ground water use, and, if required, other information from each of your well sources.
 Mail to: Commission on Water Resource Management, P.O. Box 621, Honolulu, HI 96809. Fax to: (808) 587-0219. For assistance, please call (808) 587-0226.

State Well No.	Well Name	Period Begin Date (mm/dd/yy)	Period End Date (mm/dd/yy)	Quantity Pumped (gallons)	Chloride (PPM)	Date (Chlorides)	Conductivity (µS/cm)	Date (Conductivity)	Temp. (°C or °F)	Non-Pumping Water Level (ft. above ms.)*	Date (Water Level)	Time (Water Level)
6-5418-02	Kujaha-Smith	7/1/16	7/31/16	131,580	70	7/5/16	N/A	N/A	75°F	N/A	N/A	N/A

* Measurement should be taken while pump is NOT running just prior to a pumping cycle. If measurement is taken while pump is running, please indicate so.

Other comments or additional information (e.g., how pumpage amounts were determined, meter, weir or estimated, etc.):

Submitted by (print): Maleeyah Machado Title: Engineer

For electronic submissions: *By checking this box, I understand and affirm that the information provided herein is accurate and true to the best of my knowledge.* Date: 8/1/16

For hardcopy submissions: Signature: _____ Date: _____